



COMMONWEALTH OF MASSACHUSETTS

Office of Consumer Affairs and Business Regulation

DIVISION OF INSURANCE

1000 Washington Street • Suite 810 • Boston, MA 02118-6200
(617) 521-7794 • FAX (617) 753-6830 • Toll-free (877) 563-4467
<http://www.mass.gov/doi> • CSSComplaints@mass.gov

CHARLES D. BAKER
GOVERNOR

KARYN E. POLITO
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JAY ASH
SECRETARY OF HOUSING AND
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JOHN C. CHAPMAN
UNDERSECRETARY OF CONSUMER AFFAIRS
AND BUSINESS REGULATION

GARY D. ANDERSON
ACTING COMMISSIONER OF INSURANCE

Consumer Service responds to inquiries and intervenes on behalf of consumers to resolve complaints against insurers, producers, and other licensees. Consumer Service provides consumers with general insurance information and advises them of their rights under their insurance policy and the Massachusetts insurance laws. Consumer Service can only help you obtain rights and benefits that you are entitled to under your insurance contract and the Massachusetts insurance laws.

If your complaint involves ongoing litigation, do not complete this form. Consumer Service is not authorized to render legal opinions.

If your complaint involves a workers' compensation claim, please contact the Division of Industrial Accidents. They may be reached at 617-727-4900 or 1-800-323-3249.

For us to assist you requires your cooperation. That is why we ask you to give certain key information such as the name of the **insurance companies** and **producers** involved, your **policy and claim numbers** as well as the **names and phone numbers** of the people you have been dealing with. Please complete the attached Insurance Complaint Form and include copies of any materials relating to your insurance complaint (i.e. bills, explanation of benefits sheets, vehicle appraisals, police reports).

Please be aware that complaints filed are not confidential. Consumer Service will send a copy of your complaint and any related materials to any government agency, company, producer or licensee involved in this matter.

If your situation involves health insurance, you should be aware that many health plans such as "ERISA" plans and "self-funded" plans are regulated by the federal government. The benefits coordinator at your place of employment can tell you what kind of health plan you are in and direct you to the appropriate source of help.

We understand that insurance matters can be complex, often confusing, and sometimes lead to frustration. While we cannot resolve every situation, Consumer Service is available to help you in resolving your complaint.



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INSURANCE COMPLAINT FORM

☐ Ms. ☐ Mrs. ☐ Mr. _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone #: _____ **E-mail:** _____

Before you file a complaint with the Massachusetts Division of Insurance, you should first contact the insurance company or producer in an effort to resolve the issue(s). If you do not receive a satisfactory response, then complete this form and attach copies of any important papers that relate to your complaint. **If your complaint involves ongoing litigation, do NOT complete this form.** Do NOT send original documents. Please mail or fax your completed form to the address shown above.

Is the complaint about your policy? ☐ No ☐ Yes Which state did you reside in at the time this policy was purchased? _____

Whom is the complaint against? Please provide the exact name of the company or producer. _____

Group/certificate #: _____ Policy/ID #: _____

Claim #: _____ Date of Loss: _____

Type of Insurance (check one):

- | | | | | |
|--|---------------------------------------|--|--|---------------------------------------|
| <input type="checkbox"/> Bond | <input type="checkbox"/> Title | <input type="checkbox"/> Long-Term Care | <input type="checkbox"/> Renters | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Life | <input type="checkbox"/> Health | <input type="checkbox"/> Private Auto | <input type="checkbox"/> Homeowners | <input type="checkbox"/> Workers Comp |
| <input type="checkbox"/> Annuity | <input type="checkbox"/> Medigap | <input type="checkbox"/> Commercial Auto | <input type="checkbox"/> Mobile Homeowners | |
| <input type="checkbox"/> Trip Cancellation | <input type="checkbox"/> Other: _____ | | | |

Have you reported this to the Attorney General's Office, the Executive Office of Consumer Affairs or any other government agency? If yes, please provide:

Name of agency: _____ File #: _____

[illegible]

SIGNATURE: _____ DATE: _____